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ppropriate. All further o dicated unless correcte naintenance fee notificat	ed below or directed oth	erwise in Block 1, by (a		spondence address;	and/or	(b) indicating a separ	ate The Address for
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			<u> </u>				(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/760,968	01/20/2004		Jonathan S. Lindsey	5051-508IP3D		51-508IP3DV	1489
TITLE OF INVENTION: REGIOISOMERICALLY PURE OXOCHLORINS AND METHODS OF SYNTHESIS							
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$0 \$1		06/19/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
PRYOR, ALTON NATHANIEL		1616	540-145000		***		
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to or agents OR, alternati	single firm (having as a member a y or agent) and the names of up to t attorneys or agents. If no name is 3			
Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government							
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